

# 1997 Rhode Island Behavioral Risk Factor Surveillance System Questionnaire

HELLO, I'm \_\_\_\_\_ calling for the Rhode Island Department of Health. We're doing a study of the health practices of Rhode Island residents. Your phone number has been chosen randomly by the Rhode Island Department of Health to be included in the study, and we'd like to ask some questions about things people do which may affect their health.

Is this \_\_\_\_\_ ?      **No**      Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence?      **No**      Thank you very much, but we are only interviewing private residences. **Stop**

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

If "1"      Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to Section 1**

If "no"      May I speak with him or her? **Go to "correct respondent"**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?

Who is the next oldest man who presently lives in this household?

**Etc.**

Who is the oldest woman who presently lives in this household?

Who is the next oldest woman who presently lives in this household?

**Etc.**

The person in your household that I need to speak with is \_\_\_\_\_.

**If "you," go to Section 1**

**To correct respondent** Hello, I'm \_\_\_\_\_ calling for the Rhode Island Department of Health. I'm a member of a special research team. We're doing a study of Rhode Island residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

## Section 1: Health Status

1. Would you say that in general your health is:

**Please Read**

- |              |   |
|--------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good      | 3 |
| d. Fair      | 4 |
| <b>or</b>    |   |
| e. Poor?     | 5 |

- |                     |   |
|---------------------|---|
| Don't know/Not Sure | 7 |
| Refused             | 9 |

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- |                   |     |
|-------------------|-----|
| a. Number of days | — — |
| b. None           | 8 8 |

Don't know/Not sure	7 7
Refused	9 9

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

a. Number of days	
b. None <b>If Q. 2 also "None," go to Q. 5 (p. 5)</b>	8 8

Don't know/Not sure	7 7
Refused	9 9

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

a. Number of days	
b. None	8 8

Don't know/Not sure	7 7
Refused	9 9

## Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

a. Yes	1
b. No <b>Go to Q. 7b</b>	2

Don't know/Not sure <b>Go to Q. 12</b>	7
Refused <b>Go to Q. 12</b>	9

6. Do you have Medicare?

a. Yes <b>Go to Q. 8</b>	1	
b. No		2

Don't know/not sure	7
Refused	9

- 7a. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through: **Please Read**

a. Your employer <b>Go to Q. 8</b>	01	
b. Someone else's employer <b>Go to Q. 8</b>	02	
c. A plan that you or someone else buys on your own <b>Go to Q. 8</b>	03	
d. Medicare <b>Go to Q. 8</b>	04	
e. Medicaid or Medical Assistance [or substitute state program name] <b>Go to Q. 8</b>	05	05
f. The military, CHAMPUS, or the VA [or CHAMP-VA] <b>Go to Q. 8</b>	06	
g. The Indian Health Service [or the Alaska Native Health Service] <b>Go to Q. 8</b>	07	
or		
h. Some other source <b>Go to Q. 8</b>	08	
None <b>Go to Q. 11</b>	88	
Don't know/Not sure <b>Go to Q. 8</b>	77	
Refused <b>Go to Q. 8</b>	99	

- 7b. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through: **Please Read**

- |  |    |
|--|----|
| a. Your employer   | 01 |
| b. Someone else's employer   | 02 |
| c. A plan that you or someone else buys on your own                  | 03 |
| d. Medicare  | 04 |
| e. Medicaid or Medical Assistance [or substitute state program name] | 05 |
| f. The military, CHAMPUS, or the VA [or CHAMP-VA]                    | 06 |
| g. The Indian Health Service [or the Alaska Native Health Service]   | 07 |
| or   |    |
| h. Some other source   | 08 |
| None <b>Go to Q. 11</b>  | 88 |
| Don't know/Not sure <b>Go to Q. 12</b>                               | 77 |
| Refused <b>Go to Q. 12</b>   | 99 |

8. About how long have you had [fill in type (Medicare/Medicaid/this particular health care coverage) from Q. 6, Q. 7a, or Q. 7b]?

**Read only if necessary**

- |   |   |
|---|---|
| a. For less than 12 months (1 to 12 months) | 1 |
| b. For less than 2 years (1 to 2 years)     | 2 |
| c. For less than 3 years (2 to 3 years)     | 3 |
| d. For less than 5 years (3 to 5 years)     | 4 |
| e. For 5 or more years                      | 5 |
| Don't know/Not sure                         | 7 |
| Refused                                     | 9 |

9. Is there a book or list of doctors associated with your [fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b] plan?

**If necessary, say AThe coverage you use currently to pay for most of your medical care.≡**

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

10. Does your [fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b] plan require you to select a certain doctor or clinic for all of your routine care?

**If necessary, say AThe coverage you use currently to pay for most of your medical care.≡**

- |  |   |
|--|---|
| a. Yes <b>Go to Q. 12</b>              | 1 |
| b. No <b>Go to Q. 12</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 12</b> | 7 |
| Refused <b>Go to Q. 12</b>             | 9 |

11. About how long has it been since you had health care coverage?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago)    | 2 |
| c. Within the past 2 years (1 to 2 years ago)   | 3 |
| d. Within the past 5 years (2 to 5 years ago)   | 4 |
| e. 5 or more years ago                          | 5 |

Don't know/Not sure	7
Never	8
Refused	9

12. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- |        |   |
|--------|---|
| a. Yes | 1 |
| b. No  | 2 |

Don't know/Not sure	7
Refused	9

13. About how long has it been since you last visited a doctor for a routine checkup?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago                        | 4 |

Don't know/Not sure	7
Never	8
Refused	9

**Section 3: Hypertension Awareness**

14. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago)    | 2 |
| c. Within the past 2 years (1 to 2 years ago)   | 3 |
| d. Within the past 5 years (2 to 5 years ago)   | 4 |
| e. 5 or more years ago                          | 5 |

Don't know/Not sure	7
Never <b>Go to Q. 17</b>	8
Refused	9

15. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- |                          |   |
|--------------------------|---|
| a. Yes                   | 1 |
| b. No <b>Go to Q. 17</b> | 2 |

Don't know/Not sure <b>Go to Q. 17</b>	7
Refused <b>Go to Q. 17</b>	9

16. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- |                   |      |
|-------------------|------|
|                   | (54) |
| a. More than once | 1    |
| b. Only once      | 2    |

Don't know/Not sure	7
Refused	9

#### Section 4: Cholesterol Awareness

17. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- |  |   |
|--|---|
| a. Yes                                 | 1 |
| b. No <b>Go to Q. 20</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 20</b> | 7 |
| Refused <b>Go to Q. 20</b>             | 9 |

18. About how long has it been since you last had your blood cholesterol checked?

##### Read Only if Necessary

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago                        | 4 |
| Don't know/Not sure                           | 7 |
| Refused                                       | 9 |

19. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

#### Section 5: Diabetes

20. Have you ever been told by a doctor that you have diabetes?

- |   |   |
|---|---|
| a. Yes  | 1 |
| b. Yes, but female told only during pregnancy | 2 |
| c. No   | 3 |
| Don't know/Not sure                           | 7 |
| Refused                                       | 9 |

#### Module 1: Diabetes

1. How old were you when you were told you have diabetes?

Code age in years **[76=76 and older]**

- |                     |     |
|---------------------|-----|
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |

2. Are you now taking insulin?

- |                           |   |
|---------------------------|---|
| a. Yes                    | 1 |
| b. No <b>Go to Q. 4</b>   | 2 |
| Refused <b>Go to Q. 4</b> | 9 |

3. Currently, about how often do you use insulin?

- |                  |   |
|------------------|---|
| a. Times per day | 1 |
|------------------|---|

b. Times per week	2
c. Use insulin pump	3 3 3
Don't know/Not sure	7 7 7
Refused	9 9 9

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

a. Times per day	1
b. Times per week	2
c. Times per month	3
d. Times per year	4
e. Never	8 8 8
Don't know/Not sure	7 7 7
Refused	9 9 9

5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated HE-mo-glo-bin] or hemoglobin "A one C"?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

6. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?

a. Number of times	
b. None <b>Go to Q. 9</b>	8 8
Don't know/Not sure <b>Go to Q. 9</b>	7 7
Refused <b>Go to Q. 9</b>	9 9

**If "No," "Dk/Ns," or "Refused" to Q. 5, go to Q. 8.**

7. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?

a. Number of times	
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

8. About how many times in the last year has a health professional checked your feet for any sores or irritations?

a. Number of times	
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

9. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past month (0 to 1 month ago)   | 1 |
| b. Within the past year (1 to 12 months ago)  | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. 2 or more years ago                        | 4 |
| e. Never                                      | 8 |
| Don't know/Not sure                           | 7 |
| Refused                                       | 9 |

10. Have you ever had a foot ulcer/sore/infection that took longer than two weeks to heal?

- |                     |     |
|---------------------|-----|
| Yes                 | -1- |
| No                  | -2- |
| Don't know/Not sure | -7- |
| Refused             | -9- |

**Section 6: Injury Control**

21. How often do you use seatbelts when you drive or ride in a car?

Would you say: **Please Read**

- |                              |   |
|------------------------------|---|
| a. Always                    | 1 |
| b. Nearly Always             | 2 |
| c. Sometimes                 | 3 |
| d. Seldom                    | 4 |
| <b>or</b>                    |   |
| e. Never                     | 5 |
| Don't know/Not sure          | 7 |
| Never drive or ride in a car | 8 |
| Refused                      | 9 |

22. What is the age of the oldest child in your household under the age of 16?

- |  |     |
|--|-----|
| a. Code age in years                                   |     |
| b. No children under age 16 <b>Go to Q. 25 (p. 15)</b> | 8 8 |
| Don't know/Not sure <b>Go to Q. 25 (p. 15)</b>         | 7 7 |
| Refused <b>Go to Q. 25 (p. 15)</b>                     | 9 9 |

23. How often does the [fill in age from Q. 22]-year-old child in your household use a...

car safety seat **[for child under 5]**  
 seatbelt **[for child 5 or older]**  
 ...when they ride in a car?

Would you say: **Please Read**

- |                      |   |
|----------------------|---|
| a. Always            | 1 |
| b. Nearly always     | 2 |
| c. Sometimes         | 3 |
| d. Seldom            | 4 |
| <b>or</b>            |   |
| e. Never             | 5 |
| Don't know/Not sure  | 7 |
| Never rides in a car | 8 |
| Refused              | 9 |

If oldest child 5 years or older, continue with Q. 24. Otherwise, go to Q. 25 (p. 15).

24. During the past year, how often has the [fill in age from Q. 22]-year-old child worn a bicycle helmet when riding a bicycle?

Would you say: **Please Read**

- |    |                       |   |
|----|-----------------------|---|
| a. | Always                | 1 |
| b. | Nearly Always         | 2 |
| c. | Sometimes             | 3 |
| d. | Seldom                | 4 |
|    | <b>or</b>             |   |
| e. | Never                 | 5 |
|    | Don't know/Not sure   | 7 |
|    | Never rides a bicycle | 8 |
|    | Refused               | 9 |

25. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them?

**Read Only if Necessary**

- |    |  |   |
|----|--|---|
| a. | Within the past month (0 to 1 month ago)     | 1 |
| b. | Within the past 6 months (1 to 6 months ago) | 2 |
| c. | Within the past year (6 to 12 months ago)    | 3 |
| d. | One or more years ago                        | 4 |
| e. | Never  | 5 |
| f. | No smoke detectors in home                   | 6 |
|    | Don't know/Not sure                          | 7 |
|    | Refused                                      | 9 |

## Section 7: Tobacco Use

26. Have you smoked at least 100 cigarettes in your entire life?

- |    |  |   |
|----|--|---|
| a. | Yes  | 1 |
| b. | No <b>Go to Q. 31</b>                          | 2 |
|    | Don't know/Not sure <b>Go to Q. 31 (p. 18)</b> | 7 |
|    | Refused <b>Go to Q. 31 (p. 18)</b>             | 9 |

27. Do you now smoke cigarettes everyday, some days, or not at all?

- |    |                                       |   |
|----|---------------------------------------|---|
| a. | Everyday                              | 1 |
| b. | Some days <b>Go to Q. 28a</b>         | 2 |
| c. | Not at all <b>Go to Q. 30 (p. 17)</b> | 3 |
|    | Refused <b>Go to Q. 31 (p. 18)</b>    | 9 |

28. On the average, about how many cigarettes a day do you now smoke?

Number of cigarettes **Go to Q. 29 (p. 17)**

- |  |  |     |
|--|--|-----|
|  | Don't know/Not sure <b>Go to Q. 29 (p. 17)</b> | 7 7 |
|  | Refused <b>Go to Q. 29 (p. 17)</b>             | 9 9 |

- 28a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

Number of cigarettes **Go to Q. 31 (p. 18)**

Don't know/Not sure **Go to Q. 31 (p. 18)** 7 7

Refused **Go to Q. 31 (p. 18)** 9 9

29. During the past 12 months, have you quit smoking for 1 day or longer?

a. Yes **Go to Q. 31 (p. 18)** 1

b. No **Go to Q. 31 (p. 18)** 2

Don't know/Not sure **Go to Q. 31 (p. 18)** 7

Refused **Go to Q. 31 (p. 18)** 9

30. About how long has it been since you last smoked cigarettes regularly, that is, daily?

**Read Only if Necessary**

a. Within the past month (0 to 1 month ago) 0 1

b. Within the past 3 months (1 to 3 months ago) 0 2

c. Within the past 6 months (3 to 6 months ago) 0 3

d. Within the past year (6 to 12 months ago) 0 4

e. Within the past 5 years (1 to 5 years ago) 0 5

f. Within the past 15 years (5 to 15 years ago) 0 6

g. 15 or more years ago 0 7

Don't know/Not sure 7 7

Never smoked regularly 8 8

Refused 9 9

**Section 8: Alcohol Consumption**

31. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

a. Yes 1

b. No **Go to Q. 36 (p. 20)** 2

Don't know/Not sure **Go to Q. 36 (p. 20)** 7

Refused **Go to Q. 36 (p. 20)** 9

32. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

a. Days per week 1

b. Days per month 2

Don't know/Not sure **Go to Q. 34** 7 7 7

Refused **Go to Q. 34** 9 9 9

33. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?

Number of drinks

Don't know/Not sure 7 7

Refused 9 9

34. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
- a. Number of times
  - b. None
  - Don't know/Not sure
  - Refused
35. During the past month, how many times have you driven when you've had perhaps too much to drink?
- a. Number of times
  - b. None
  - Don't know/Not sure
  - Refused

8 8

7 7

9 9

8 8

7 7

9 9

### Section 9: Demographics

36. What is your age?

Code age in years  
Don't know/Not sure  
Refused

0 7

0 9

37. What is your race?

Would you say: **Please Read**

- a. White
- b. Black
- c. Asian, Pacific Islander
- d. American Indian, Alaska Native
- or
- e. Other: (specify) \_\_\_\_\_
- Don't know/Not sure
- Refused

1

2

3

4

5

7

9

- 37a. (IF ASIAN OR PACIFIC ISLANDER) Are you:

- a. Cambodian
- b. Laotian
- c. Chinese
- d. Filipino
- e. Asian Indian
- f. Korean
- or something else?

01

06

02

03

11

05

(Do not Read The Following Responses)

- g. Hawaiian
- h. Vietnamese
- i. Japanese
- j. Guamanian
- k. Samoan
- l. Thai
- m. Other Not Listed (Specify) \_\_\_\_\_

04

07

08

09

10

12

97

Don't Know  
Refused

77

99

38. Are you of Spanish or Hispanic origin?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

38a. (IF YES TO Q38) Are you:

**Please Read**

- |                    |    |
|--------------------|----|
| a. Puerto Rican    | 02 |
| b. Dominican       | 05 |
| c. Guatemalan      | 06 |
| d. Columbian       | 11 |
| or something else? |    |

(Do not Read The Following Responses)

- |                                     |    |
|-------------------------------------|----|
| e. Cuban                            | 03 |
| f. Spanish                          | 04 |
| g. Honduran                         | 07 |
| h. Mexican                          | 01 |
| i. Nicaraguan                       | 08 |
| j. Panamanian                       | 09 |
| k. Salvadoran                       | 10 |
| l. Ecuadorian                       | 12 |
| m. Peruvian                         | 13 |
| n. Other Not Listed (Specify) _____ | 97 |

- |            |    |
|------------|----|
| Don't Know | 77 |
| Refused    | 99 |

39. Are you:

**Please Read**

- |                                    |   |
|------------------------------------|---|
| a. Married                         | 1 |
| b. Divorced                        | 2 |
| c. Widowed                         | 3 |
| d. Separated                       | 4 |
| e. Never been married              | 5 |
| or                                 |   |
| f. A member of an unmarried couple | 6 |

- |         |   |
|---------|---|
| Refused | 9 |
|---------|---|

40. How many children live in your household who are...

**Please Read**

- |                             |  |
|-----------------------------|--|
| a. less than 5 years old?   |  |
| b. 5 through 12 years old?  |  |
| c. 13 through 17 years old? |  |

41. What is the highest grade or year of school you completed?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Never attended school or only kindergarten | 1 |
| b. Grades 1 through 8 (Elementary)            | 2 |

c. Grades 9 through 11 (Some high school)	3
d. Grade 12 or GED (High school graduate)	4
e. College 1 year to 3 years (Some college or technical school)	5
f. College 4 years or more (College graduate)	6
Refused	9

42. Are you currently:

**Please Read**

a. Employed for wages	1
b. Self-employed	2
c. Out of work for more than 1 year	3
d. Out of work for less than 1 year	4
e. Homemaker	5
f. Student	6
g. Retired	7
<b>or</b>	
h. Unable to work	8
Refused	9

43. Is your annual household income from all sources:

**Read as Appropriate**

a. Less than \$25,000 <b>If "no," ask e; if "yes," ask b</b> (\$20,000 to less than \$25,000)	0 4
b. Less than \$20,000 <b>If "no," code a; if "yes," ask c</b> (\$15,000 to less than \$20,000)	0 3
c. Less than \$15,000 <b>If "no," code b; if "yes," ask d</b> (\$10,000 to less than \$15,000)	0 2
d. Less than \$10,000 <b>If "no," code c</b>	0 1
e. Less than \$35,000 <b>If "no," ask f</b> (\$25,000 to less than \$35,000)	0 5
f. Less than \$50,000 <b>If "no," ask g</b> (\$35,000 to less than \$50,000)	0 6
g. Less than \$75,000 <b>If "no," code h</b> (\$50,000 to \$75,000)	0 7
h. \$75,000 or more	0 8
Don't know/Not sure	7 7
Refused	9 9

44. About how much do you weigh without shoes?

Weight  
pounds

Don't know/Not sure	7 7 7
Refused	9 9 9

45. About how tall are you without shoes?

Height

  /  
ft/inches

Don't know/Not sure	7 7 7
Refused	9 9 9

46a. What city or town do you live in?

01 Barrington		
15 Jamestown		
29 Richmond		
02 Bristol	16 Johnston	30 Scituate
03 Burrillville	17 Lincoln	31 Smithfield
04 Central Falls	18 Little Compton	32 South Kingstown
05 Charlestown	19 Middletown	33 Tiverton
06 Coventry	20 Narragansett	34 Warren
07 Cranston	21 Newport	35 Warwick
08 Cumberland	22 New Shoreham	36 Westerly
09 East Greenwich	23 North Kingstown	37 West Greenwich
10 East Providence	24 North Providence	38 West Warwick
11 Exeter	25 North Smithfield	39 Woonsocket
12 Foster	26 Pawtucket	97 Other, not listed
13 Glocester	27 Portsmouth	77 DK
14 Hopkinton	28 Providence	99 Refused

47. Do you have more than one telephone number in your household?

a. Yes	1	
b. No <b>Go to RI_PH1</b>	2	
Refused <b>Go to RI_PH1</b>		9

48. How many residential telephone numbers do you have?

Total telephone numbers <b>[8=8 or more]</b>	
Refused	9

RI\_PH1. At any time during the past 12 months, has your household been without telephone service for 24 hours or more?

Yes		1
No <b>Go to Q49</b>	2	
Don't know/Not sure <b>Go to Q49</b>		7
Refused <b>Go to Q49</b>		9

RI\_PH2. For how long did you not have telephone service?

01 1 day	13 4 months	
02 2 days	14 5 months	
03 3 days	15 6 months	
04 4 days	16 7 months	
05 5 days	17 8 months	
06 6 days	18 9 months	
07 1 week to < 2 weeks	19 10 months	
08 2 weeks to < 3 weeks		20 11 months
09 3 weeks to < 1 month		21 12 months
10 1 month	22 More than 12 months	
11 2 months	77 DK	
12 3 months	99 Refused	

RI\_PH3. What is the main reason you did not have telephone service?

Reason given	1
--------------	---

Don't Know	7
Refused	9

Now I have some questions about other health services you may have received.

49. Indicate sex of respondent. **Ask Only if Necessary**

Male <b>Go to Q60b</b>	1
Female	2

## Section 10: Women's Health

50. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

a. Yes	1
b. No <b>Go to Q. 53</b>	2
Don't know/Not sure <b>Go to Q. 53</b>	7
Refused <b>Go to Q. 53</b>	9

51. How long has it been since you had your last mammogram?

### Read only if Necessary

a. Within the past year (1 to 12 months ago)	1
b. Within the past 2 years (1 to 2 years ago)	2
c. Within the past 3 years (2 to 3 years ago)	3
d. Within the past 5 years (3 to 5 years ago)	4
e. 5 or more years ago	5
Don't know/Not sure	7
Refused	9

52. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

a. Routine checkup	1
b. Breast problem other than cancer	2
c. Had breast cancer	3
Don't know/Not sure	7
Refused	9

53. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

a. Yes	1
b. No <b>Go to Q. 56</b>	2
Don't know/Not sure <b>Go to Q. 56</b>	7
Refused <b>Go to Q. 56</b>	9

54. How long has it been since your last breast exam?

### Read Only if Necessary

a. Within the past year (1 to 12 months ago)	1
b. Within the past 2 years (1 to 2 years ago)	2
c. Within the past 3 years (2 to 3 years ago)	3
d. Within the past 5 years (3 to 5 years ago)	4
e. 5 or more years ago	5

- |  |                     |   |
|--|---------------------|---|
|  | Don't know/Not sure | 7 |
|  | Refused             | 9 |
55. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?
- |                                     |   |   |
|-------------------------------------|---|---|
| a. Routine Checkup                  | 1 |   |
| b. Breast problem other than cancer |   | 2 |
| c. Had breast cancer                | 3 |   |
- |  |                     |   |
|--|---------------------|---|
|  | Don't know/Not sure | 7 |
|  | Refused             | 9 |
56. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?
- |                          |   |  |
|--------------------------|---|--|
| a. Yes                   | 1 |  |
| b. No <b>Go to Q. 59</b> | 2 |  |
- |  |  |   |
|--|--|---|
|  | Don't know/Not sure <b>Go to Q. 59</b> | 7 |
|  | Refused <b>Go to Q. 59</b>             | 9 |
57. How long has it been since you had your last Pap smear?
- Read Only if Necessary**
- |   |   |  |
|---|---|--|
| a. Within the past year (1 to 12 months ago)  | 1 |  |
| b. Within the past 2 years (1 to 2 years ago) | 2 |  |
| c. Within the past 3 years (2 to 3 years ago) | 3 |  |
| d. Within the past 5 years (3 to 5 years ago) | 4 |  |
| e. 5 or more years ago                        | 5 |  |
- |  |                     |   |
|--|---------------------|---|
|  | Don't know/Not sure | 7 |
|  | Refused             | 9 |
58. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?
- |                                      |   |   |
|--------------------------------------|---|---|
| a. Routine exam                      | 1 |   |
| b. Check current or previous problem |   | 2 |
| Other                                |   | 3 |
- |  |                     |   |
|--|---------------------|---|
|  | Don't know/Not sure | 7 |
|  | Refused             | 9 |
59. Have you had a hysterectomy?
- |                           |   |   |
|---------------------------|---|---|
| a. Yes <b>Go to Q. 61</b> | 1 |   |
| b. No                     |   | 2 |
- |  |                     |   |
|--|---------------------|---|
|  | Don't know/Not sure | 7 |
|  | Refused             | 9 |

**If respondent 45 years old or older, go to Q60B CHECKPOINT.**

60. To your knowledge, are you now pregnant?
- |   |   |
|---|---|
| a. Yes <b>Ask Q60a; All Others Skip to Q60b</b> | 1 |
| b. No   | 2 |
- |  |                     |   |
|--|---------------------|---|
|  | Don't know/Not sure | 7 |
|--|---------------------|---|

Q60a. For this pregnancy, would you say you became pregnant....

Sooner than you wanted	1
Later than you wanted	2
About the time you wanted	3
Didn't Care about Timing (vol)	5
Didn't Plan to Get Pregnant (vol)	6
Don't Know/Not Sure	7
Refused	9

**Skip to next Module**

**Q60B checkpoint**

**If R =<55 ASK 60B**

**IF R FEMALE AND 55+, SKIP TO NEXT MODULE**

**IF R MALE AND 55+, SKIP TO NEXT MODULE**

Q60b. (If R MALE/FEMALE =<55) Including surgical methods such as vasectomy or tubal ligation, are you and your partner currently using any birth control or contraceptive method?

Yes <b>Ask Q60c</b>	1
No <b>Skip to Q60e</b>	2
Does Not Apply <b>Skip To Q60g Checkpoint</b>	3
Don't Know <b>Skip to Q60e</b>	7
Refused <b>Skip to Q60e</b>	9

Q60c. What is the primary method of birth control or contraception that you are currently using?

**(Read Only If Necessary)**

Condoms	01
Birth Control Pills	02
Diaphragm	03
Iud	04
Norplant	05
Dep Provera	06
Sponge	07
Rhythm or Other Natural Method	08
Foam, Jelly, Cream	09
Tubal Ligation/vasectomy	10
Abstinence	11
Don't Know	77
Other (Specify)_____	97
Refused	99

Q60d. Is there another birth control or contraception method that you also currently use?

**(Read Only If Necessary)**

Condoms	01
Birth Control Pills	02
Diaphragm	03
Iud	04
Norplant	05
Dep Provera	06
Sponge	07
Rhythm or Other Natural Method	08

Foam, Jelly, Cream	09	
Tubal Ligation/vasectomy	10	
Abstinence	11	
Don't Know	77	
No Other Method	88	
Other (Specify) _____		97
Refused	99	

Q60e. About how long has it been since you received any family planning services?

Within the past Year	<b>Ask Q60f</b>	1	
Within the past 2 Years	<b>Ask Q60f</b>	2	
Within the past 5 Years	<b>Ask Q60f</b>	3	
5 or More Years Ago	<b>Ask Q60f</b>	4	
Never	<b>Skip to next Module</b>	5	
Don't Know	Skip to next Module		7
Refused	Skip to next Module		9

Q60f. Where do you go for birth control services?  
(Read Only If Necessary)

Worksite	01	
Family Planning Clinic	02	
Community Program	03	
Private Doctor\group Practice	04	
Hmo		05
Urgent Care\emergency Room	06	
Hospital Clinic	07	
Community Health Center	08	
Somewhere Else (Specify)	10	
No Usual Source	11	
Do Not Receive These Services	12	
Don't Know	77	
Refused	99	

## Section 11: Immunization

61. During the past 12 months, have you had a flu shot?

a. Yes	1	
b. No		2
Don't know/Not sure		7
Refused		9

62. Have you ever had a pneumonia vaccination?

a. Yes	1	
b. No		2
Don't know/Not sure		7
Refused		9

## Section 12: Colorectal Cancer Screening

If respondent is 40 years or older, continue with Q. 63. Otherwise, go to Section 13: HIV/AIDS.

63. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- |        |                     |                      |
|--------|---------------------|----------------------|
| a. Yes | 1                   |                      |
| b. No  | <b>Go to Q. 65</b>  | 2                    |
|        | Don't know/Not sure | <b>Go to Q. 65</b> 7 |
|        | Refused             | <b>Go to Q. 65</b> 9 |

64. When did you have your last blood stool test using a home kit?

**Read Only if Necessary**

- |   |                       |
|---|-----------------------|
| a. Within the past year (1 to 12 months ago)  | 1                     |
| b. Within the past 2 years (1 to 2 years ago) | 2                     |
| c. Within the past 5 years (2 to 5 years ago) | 3                     |
| d. 5 or more years ago                        | 4                     |
|   | Don't know/Not sure 7 |
| Refused                                       | 9                     |

65. A sigmoidoscopy or proctoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam?

- |        |                                   |                                     |
|--------|-----------------------------------|-------------------------------------|
| a. Yes | 1                                 |                                     |
| b. No  | <b>Go to Section 13: HIV/AIDS</b> | 2                                   |
|        | Don't know/Not sure               | <b>Go to Section 13: HIV/AIDS</b> 7 |
|        | Refused                           | <b>Go to Section 13: HIV/AIDS</b> 9 |

66. When did you have your last sigmoidoscopy or proctoscopy?

**Read Only if Necessary**

- |   |                       |
|---|-----------------------|
| a. Within the past year (1 to 12 months ago)  | 1                     |
| b. Within the past 2 years (1 to 2 years ago) | 2                     |
| c. Within the past 5 years (2 to 5 years ago) | 3                     |
| d. 5 or more years ago                        | 4                     |
|   | Don't know/Not sure 7 |
|   | Refused 9             |

**Section 13: HIV/AIDS**

**If respondent is 65 years old or older, go to NEXT SECTION.**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

67. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?

- |                 |                         |
|-----------------|-------------------------|
| a. Grade        |                         |
| b. Kindergarten | 5 5                     |
| c. Never        | 8 8                     |
|                 | Don't know/Not sure 7 7 |
|                 | Refused 9 9             |

68. If you had a teenager who was sexually active, would you encourage him or her to use a condom?

- |        |   |
|--------|---|
| a. Yes | 1 |
|--------|---|

	b. No		2
		Would give other advice	3
		Don't know/Not sure	7
		Refused	9
69.	What are your chances of getting infected with HIV, the virus that causes AIDS?		
	Would you say: <b>Please Read</b>		
	a. High	1	
	b. Medium	2	
	c. Low	3	
		<b>or</b>	
	d. None?	4	
		Not applicable <b>Go to Q. 71</b>	5
		Don't know/Not sure	7
		Refused	9
70.	Have you ever had your blood tested for HIV?		
	a. Yes <b>Go to Q. 71 (p. 33)</b>		1
	b. No		2
		Don't know/Not sure	7
		Refused	9
71a.	Have you donated blood since March 1985?		
	a. Yes	1	
	b. No <b>Go to Q. 76</b>	2	
		Don't know/Not sure <b>Go to Q. 76</b>	7
		Refused <b>Go to Q. 76</b>	9
72a.	When did you last donate blood?		
		Code month and year <b>Go to Q. 76</b>	<u>  </u> / <u>  </u>
		Don't know/Not sure <b>Go to Q. 76</b>	7 7 7 7
		Refused <b>Go to Q. 76</b>	9 9 9 9
71.	When was your last blood test for HIV?		
		Code month and year	<u>  </u> / <u>  </u>
		Don't know/Not sure	7 7 7 7
		Refused	9 9 9 9
72.	What was the main reason you had your last blood test for HIV?		
	Reason code		
	<b>Read only if necessary</b>		
	a. For hospitalization or surgical procedure		0 1
	b. To apply for health insurance		0 2
	c. To apply for life insurance		0 3
	d. For employment	0 4	
	e. To apply for a marriage license		0 5
	f. For military induction or military service		0 6
	g. For immigration	0 7	
	h. Just to find out if you were infected		0 8

i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	
<b>Go to Q. 76 (p. 35)</b>	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

73. Where did you have your last blood test for HIV?

Facility Code  
Read only if necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician=s office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

74. Did you receive the results of your last test?

a. Yes	1
b. No <b>Go to Q. 76</b>	2
Don't know/Not sure <b>Go to Q. 76</b>	7
Refused <b>Go to Q. 76</b>	9

75. Did you receive counseling or talk with a health care professional about the results of your test?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

76. These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

Due to what you know about HIV, have you changed your sexual behavior in the past 12 months?

- a. Yes 1
- b. No **Go to NEXT SECTION** 2
- Don't know/Not sure **Go to NEXT SECTION** 7
- Refused **Go to NEXT SECTION** 9

77. Did you make any of the following changes in the past 12 months?

Please Read		<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
a.	Did you decrease the number of your sexual partners or become abstinent?	1	2	7	9
b.	Do you now have sexual intercourse with only the same partner?	1	2	7	9
c.	Do you now always use condoms for protection?	1	2	7	9

#### Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.

#### Module 2: Sexual Behavior

If respondent 50 years old or older, go to next module

1. During the past twelve months, with how many people have you had sexual intercourse?
- a. Number
- b. None **Go to Next Module** 8 8
- Don't know/Not sure 7 7
- Refused 9 9
2. Was a condom used the last time you had sexual intercourse?
- a. Yes 1
- b. No **Go to Q. 4** 2
- Don't know/Not sure **Go to Q. 4** 7
- Refused **Go to Q. 4** 9
3. The last time you had sexual intercourse, was the condom used ...

#### Please Read

- a. To prevent pregnancy 1
- b. To prevent diseases like syphilis, gonorrhea, and AIDS 2
- c. For both of these reasons 3
- or
- d. For some other reason 4

- |  |                     |   |
|--|---------------------|---|
|  | Don't know/Not sure | 7 |
|  | Refused             | 9 |
4. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose?
- Would you say: **Please Read**
- |                          |   |
|--------------------------|---|
| a. Very effective        | 1 |
| b. Somewhat effective    | 2 |
| <b>or</b>                |   |
| c. Not at all effective  | 3 |
| Don't know how effective | 4 |
| Don't know method        | 5 |
| Refused                  | 9 |
5. How many new sex partners did you have during the past twelve months?
- |                             |     |
|-----------------------------|-----|
| a. Number [76 = 76 or more] |     |
| b. None                     | 8 8 |
| Don't know/Not sure         | 7 7 |
| Refused                     | 9 9 |
6. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You Don't need to tell me which one.
- You have used intravenous drugs in the past year  
 You have been treated for a sexually transmitted or venereal disease in the past year  
 You tested positive for having HIV, the virus that causes AIDS  
 You had anal sex without a condom in the past year  
 Do any of these situations apply to you?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
7. In the past five years, have you been treated for a sexually transmitted or venereal disease?
- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Next Module</b>               | 2 |
| Don't know/Not sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |
8. Were you treated at a health department STD clinic?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

### Module 3: Health Care Coverage

If "Dk/Ns" or "Refused" to core Q. 5, go to next module.

I asked you previously about your health care coverage.

**If "None" to core Q. 7a or core Q. 7b, continue. Otherwise, go to Q. 2.**

1. What is the main reason you are without health care coverage?

Reason Code

- |  |     |
|--|-----|
| a. Lost job or changed employers <b>Go to Next Module</b>  | 0 1 |
| b. Spouse or parent lost job or changed employers<br><b>[includes any person who had been providing Insurance prior to job loss or change]</b><br><b>Go to Next Module</b> | 0 2 |
| c. Became divorced or separated <b>Go to Next Module</b>   | 0 3 |
| d. Spouse or parent died <b>Go to Next Module</b>  | 0 4 |
| e. Became ineligible because of age or because<br>left school <b>Go to Next Module</b>   | 0 5 |
| f. Employer doesn't offer or stopped offering<br>coverage <b>Go to Next Module</b>   | 0 6 |
| g. Cut back to part time or became temporary<br>employee <b>Go to Next Module</b>  | 0 7 |
| h. Benefits from employer or former employer ran<br>out <b>Go to Next Module</b>   | 0 8 |
| i. Couldn't afford to pay the premiums<br><b>Go to Next Module</b>   | 0 9 |
| j. Insurance company refused coverage<br><b>Go to Next Module</b>  | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility<br><b>Go to Next Module</b>   | 1 1 |
| l. Other <b>Go to Next Module</b>  | 8 7 |
| Don't know/Not sure <b>Go to Next Module</b>   | 7 7 |
| Refused <b>Go to Next Module</b>   | 9 9 |

2. Other than **[fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from core Q. 6, Q. 7a, or Q. 7b]**, do you have any other type of health care coverage?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**If respondent 66 years old or older, go to next module.**

3. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Next Module</b>               | 2 |
| Don't know/Not sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |

4. What was the main reason you were without health care coverage?

Reason Code

- |  |     |
|--|-----|
| a. Lost job or changed employers   | 0 1 |
| b. Spouse or parent lost job or changed employers<br><b>[includes any person who had been providing insurance prior to job loss or change]</b> | 0 2 |
| c. Became divorced or separated  | 0 3 |
| d. Spouse or parent died   | 0 4 |

e. Became ineligible because of age or because left school	0 5
f. Employer doesn't offer or stopped offering coverage	0 6
g. Cut back to part time or became temporary employee	0 7
h. Benefits from employer or former employer ran out	0 8
i. Couldn't afford to pay the premiums	0 9
j. Insurance company refused coverage	1 0
k. Lost Medicaid or Medical Assistance eligibility	1 1
l. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

## Module 8: Arthritis

1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?
  - a. Yes 1
  - b. No **Go to Q. 4** 2
  - Don't know/Not sure **Go to Q. 4** 7
  - Refused **Go to Q. 4** 9
2. Were these symptoms present on most days for at least one month?
  - a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9
3. Are you now limited in any way in any activities because of joint symptoms?
  - a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9
4. Have you ever been told by a doctor that you have arthritis?
  - a. Yes 1
  - b. No **Go to Next Module** 2
  - Don't know/Not sure **Go to Next Module** 7
  - Refused **Go to Next Module** 9
5. What type of arthritis did the doctor say you have?
 

Reason Code

**Read Only if Necessary**

  - a. Osteoarthritis/degenerative arthritis 0 1
  - b. Rheumatism 0 2
  - c. Rheumatoid Arthritis 0 3
  - d. Lyme disease 0 4
  - e. Other(specify)\_\_\_\_\_ 0 7
  - f. Never saw a doctor 8 8

	Don't know/Not sure	7 7
	Refused	9 9
6.	Are you currently being treated by a doctor for arthritis?	
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

### Module 9: Quality of Life

These next questions are about limitations you may have in your daily life.

1. Are you limited in any way in any activities because of any impairment or health problem?

a. Yes	1
b. No <b>Go to Q. 6</b>	2
Don't know/Not sure <b>Go to Q. 6</b>	7
Refused <b>Go to Q. 6</b>	9

2. What is the major impairment or health problem that limits your activities?

Reason Code

a. Arthritis/rheumatism	0 1
b. Back or neck problem	0 2
c. Fractures, bone/joint injury	0 3
d. Walking problem	0 4
e. Lung/breathing problem	0 5
f. Hearing problem	0 6
g. Eye/vision problem	0 7
h. Heart problem	0 8
i. Stroke problem	0 9
j. Hypertension/high blood pressure	1 0
k. Diabetes	1 1
l. Cancer	1 2
m. Depression/anxiety/emotional problem	1 3
n. Other impairment/problem	1 4
Don't know/Not sure	7 7
Refused	9 9

3. For how long have your activities been limited because of your major impairment or health problem?

a. Days	1
b. Weeks	2
c. Months	3
d. Years	4
Don't know/Not Sure	7 7 7
Refused	9 9 9

4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

a. Yes	1
b. No	2

- |  |                     |   |
|--|---------------------|---|
|  | Don't know/Not sure | 7 |
|  | Refused             | 9 |
5. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?
- |        |   |
|--------|---|
| a. Yes | 1 |
| b. No  | 2 |
- |  |                     |   |
|--|---------------------|---|
|  | Don't know/Not sure | 7 |
|  | Refused             | 9 |
6. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?
- |                   |     |
|-------------------|-----|
| a. Number of days |     |
| b. None           | 8 8 |
- |  |                     |     |
|--|---------------------|-----|
|  | Don't know/Not sure | 7 7 |
|  | Refused             | 9 9 |
7. During the past 30 days, for about how many days have you felt sad, blue, or depressed?
- |                   |     |
|-------------------|-----|
| a. Number of days |     |
| b. None           | 8 8 |
- |  |                     |     |
|--|---------------------|-----|
|  | Don't know/Not sure | 7 7 |
|  | Refused             | 9 9 |
8. During the past 30 days, for about how many days have you felt worried, tense, or anxious?
- |                   |     |
|-------------------|-----|
| a. Number of days |     |
| b. None           | 8 8 |
- |  |                     |     |
|--|---------------------|-----|
|  | Don't know/Not sure | 7 7 |
|  | Refused             | 9 9 |
9. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?
- |                   |     |
|-------------------|-----|
| a. Number of days |     |
| b. None           | 8 8 |
- |  |                     |     |
|--|---------------------|-----|
|  | Don't know/Not sure | 7 7 |
|  | Refused             | 9 9 |
10. During the past 30 days, for about how many days have you felt very healthy and full of energy?
- |                   |     |
|-------------------|-----|
| a. Number of days |     |
| b. None           | 8 8 |
- |  |                     |     |
|--|---------------------|-----|
|  | Don't know/Not sure | 7 7 |
|  | Refused             | 9 9 |

### Module 13: Folic Acid

1. Do you currently take any vitamin pills or supplements?
- |        |   |
|--------|---|
| a. Yes | 1 |
|--------|---|

b. No	<b>Go to Q. 5</b>	2			
	Don't know/Not sure	<b>Go to Q. 5</b>	7		
	Refused	<b>Go to Q. 5</b>	9		
2.	Are any of these a multivitamin?				
	a. Yes	<b>Go to Q. 4</b>	1		
	b. No		2		
		Don't know/Not sure	7		
		Refused	9		
3.	Do any of the vitamin pills or supplements you take contain folic acid?				
	a. Yes		1		
	b. No	<b>Go to Q. 5</b>	2		
		Don't know/Not sure	<b>Go to Q. 5</b>	7	
		Refused	<b>Go to Q. 5</b>	9	
4.	How often do you take this vitamin pill or supplement?				
	a. Times per day		1		
	b. Times per week		2		
	c. Times per month		3		
		Don't know/Not sure	7	7	7
		Refused	9	9	9

**If respondent 45 years old or older, go to NEXT SECTION**

5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons...

**Please Read**

- |                                   |                     |   |
|-----------------------------------|---------------------|---|
| a. To make strong bones           | 1                   |   |
| b. To prevent birth defects       | 2                   |   |
| c. To prevent high blood pressure | 3                   |   |
| <b>or</b>                         |                     |   |
| d. Some other reason              | 4                   |   |
|                                   | Don't know/Not sure | 7 |
|                                   | Refused             | 9 |

**Statewide Diabetes Module:**

{Ask this module of everyone who does **not have diabetes** and of **women who had it only while pregnant, OR those who said Adon=t know≡ or Arefused≡ to the diabetes question**. This module added to the Basic Sample only.}

Now I will ask you a few additional questions about diabetes. Please tell me whether you agree or disagree with each of the following statements:

- |    |  |   |
|----|--|---|
| 1. | In some people, diabetes may lead to an early death. |   |
|    | Agree  | 1 |
|    | Disagree   | 2 |
|    | Don=t Know   | 7 |

Refused	9
---------	---

2. In some people, diabetes may lead to serious complications, such as amputation of a toe, foot or leg.

Agree	1
Disagree <b>Go to Q3</b>	2
Don=t Know <b>Go to Q3</b>	7
Refused <b>Go to Q3</b>	9

{Ask (2a) only if they agree to previous question.}

- 2a. It=s possible to lessen or prevent complications of diabetes with early diagnosis and proper care.

Agree	1
Disagree	2
Don=t Know	7
Refused	9

3. The more sugar a person eats, the more likely he or she is to get diabetes.

Agree	1
Disagree	2
Don=t Know	7
Refused	9

4. People who have an African American or Hispanic background are more likely to get diabetes than are people of other ancestries.

Agree	1
Disagree	2
Don=t Know	7
Refused	9

5. People who have a blood relative with diabetes are more likely to get diabetes than are people who don=t have a blood relative with diabetes.

Agree	1
Disagree	2
Don=t Know	7
Refused	9

6. Excessive thirst and frequent urination can be a sign of having diabetes.

Agree	1
Disagree	2
Don=t Know	7
Refused	9

7. A fever can be a sign of having diabetes.

Agree	1
-------	---

Disagree	2
Don=t Know	7
Refused	9

8. Blurry vision can be a sign of having diabetes.

Agree	1
Disagree	2
Don=t Know	7
Refused	9

Please answer yes, no or don=t know, if any of the following statements apply to you:

9. I have been tested at least once by a blood test to see if I have diabetes.

(INTERVIEWER: If AYes= and female, ask AWere you only tested for diabetes while you were pregnant?=)

Yes	1
Yes, female only tested by blood test during pregnancy	2
No	3
Don=t Know	7
Refused	9

10. I get little or no exercise during a usual day.

Yes	1
No	2
Don=t know	7
Refused	9

11. Among blood relatives, my mother, father, sister, or brother has or had diabetes.

Yes	1
No	2
Don=t know	7
Refused	9

{IF MALE GO TO CLOSING STATEMENT}

**{Women only:}**

12. I delivered a baby that weighed more than 9 pounds at birth.

(INTERVIEWER: 9 pounds = 4.1 kilograms)

Yes	1
No	2
Don=t know	7
Refused	9

### Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and